

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37173

State File No.

No. 300
10-48

FILED DEC 6 1954

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4212 Registrar's No. 85

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Henry</u>		a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Blairstown</u>		c. CITY OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>Lawrence</u>	c. (Last) <u>Allen</u>	(Month) (Day) (Year) <u>11-30-54</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 12, 1864</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary McAllen</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Morris Allen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Bradford, Blairstown, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1951, **to** Nov 3, 1954, **that I last saw the deceased alive on** Nov 28, 1954, **and that death occurred at** 2:30 p.m., **from the causes and on the date stated above.**

23a. SIGNATURE <u>R. J. Powell</u>	(Degree or title) <u>Dr</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>11/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 30-54</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cook Funeral Home</u>	ADDRESS <u>Chilhowee, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1954

STATEMENT BY LICENSED EMBALMER

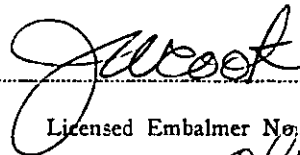
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4335

P. O. Address Chithorse, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.